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SERIAL NUMBER 10/644,608	FILING OR 371(c) DATE 08/19/2003 RULE	CLASS 439	GROUP ART UNIT 2833	ATTORNEY DOCKET NO. 501260.01
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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 11/14/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 9	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 8
Verified and Acknowledged	<i>[Signature]</i>		Examiner's Signature <i>[Signature]</i>	Initials			

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TITLE

Latching medical patient parameter safety connector and method

FILING FEE RECEIVED 1818	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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